

REPLACEMENT PERMIT REQUEST

**COUNTY OF SAN BERNARDINO
DEPARTMENT OF PUBLIC WORKS
SOLID WASTE MANAGEMENT DIVISION**

REQUEST FOR REPLACEMENT DISPOSAL USE PERMIT

-PLEASE PRINT CLEARLY-

Tax Assessor's Parcel No. _____
(this number can be found on your Property Tax Bill or your Grant Deed)

Property Owner's Name: _____

Property Owner's Daytime Phone No. (_____) _____

Property Owner's Address:

Street

City State Zip Code

Property Owner's Mailing Address (if different from property address):

Street

City State Zip Code

☐ Replacement Permit (Please include a \$11.00 replacement fee and your Parcel No. (APN). Make check payable to "Solid Waste Management")

Mail to: County of San Bernardino
Solid Waste Management Division
222 West Hospitality Lane, 2nd Floor
San Bernardino CA 92415-0017

Telephone: 1-800-722-8004

Fax: 1-909-386-8900

Owner's Signature

Date

-FOR OFFICE USE ONLY-

DATE OF ORDER _____

CLERK _____

Rev. 01/2007